

Original communication

Characteristics of drug misusers in custody and their perceptions of medical care

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Abstract

Substance misuse detainees in custody are a common problem for forensic physicians. Studies have shown that forensic physicians have negative attitudes towards misusers in custody. Inconsistent information may be given by the detainee to acquire some perceived secondary gain. Therefore, it is difficult for the examining physician to gain an impartial insight into the detainees' expectations of their medical management.

This study was undertaken to explore the detainees' expectations of their medical management by administration of a questionnaire using drug referral workers who are independent of the police and the forensic physician. The practical difficulties of producing such a survey and the results are discussed.

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1. Introduction

There are many references in the literature discussing the management of drug misuse detainees in custody.^{1–3} The healthcare of the detainees in police custody is controlled by Codes of Practice of the Police and Criminal Evidence Act 1984.⁴ Medical assessment of detainees may be undertaken at the request of the police in order to determine issues such as fitness for detention in custody. The detained person themselves may also request the attendance of a healthcare professional.

One of the problems of assessment by the forensic physician is the difficulty in confirming the history of drug intake given by the detained person. A survey of forensic physicians showed that there are negative attitudes towards drug misuse detainees.⁵ Eighty percent thought that drug misusers are unreliable and deceitful. However, studies

have shown that some reliability can be placed on the self-reported use of illicit users in maintenance programmes and in police custody^{6,7}.

In general practice, there is plenty of literature about the consultation and the identification of addressing patient's ideas, concerns and expectations.⁸ For example, in terms of treatment, Cartwright and Anderson found that only 41% of patients expected a prescription before their consultation, but 65% received one.⁹ The doctor/patient relationship in forensic medicine can differ from that in primary care for therapeutic and legal reasons. This study was set up to explore some of the characteristics of substance misusers in custody and their attitudes and expectations of their medical care.

2. Methods

One problem with researching the needs of detainees is that they are in a vulnerable position and may not give honest answers to the police or the treating doctor when asked about their drug habit, expected treatment or attitudes to

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doctors. Therefore, a survey of detainees' attitudes and expectations needs to be undertaken by an independent person who has access to the detainees, but not involvement with their medical care or the legal procedure.

The detainee is able to see an arrest (also known as drug) referral worker. In Greater Manchester, the arrest referral workers have direct access to prisoners in custody suites, providing an assessment on site. The workers are healthcare personnel with an interest in drug misuse. Many also hold contracts with the NHS mental health trusts. Arrest referral workers see drug misusers in custody and offer independent advice without affecting the immediate care of the detainee or the legal process. They offer to see anyone, not just those that the police have a concern about, or those that ask to see a doctor.

The arrest referral workers have local co-ordinators for the service and are managed by an Inspector in the Divisional and Partnership Support Unit. The Inspector kindly agreed to the survey and with helping the administrative tasks. Permission was granted through Greater Manchester Police for the arrest referral workers to ask detainees to participate in the study. Those that did participate did so of their own free will and gave their time voluntarily.

The mental health trusts responsible for the NHS component of the arrest referral workers contracts asked for ethical approval for the study. This was applied for, but the Multi Research Ethics Committee was of the opinion that the study was outside the remit for an ethics committee, and therefore ethics approval was not required.

The study ran during the summer of 2005. The workers approached a detainee as part of their usual practice and asked if they would answer the questionnaire. The worker would not normally see a detainee who was intoxicated or violent and so these were excluded from the study. Those who refused to participate were also excluded and no detainee was asked to do the questionnaire on more than one occasion. The detainee was reassured that the answers were confidential. The completed forms were kept in a secure location and forwarded on to the Divisional and Partnership Support Unit.

3. Results

3.1. General characteristics of the respondents

There were 103 questionnaires returned which could be used for data analysis. There was a fairly even spread of time spent in custody by the detainee at the time they were interviewed. Fifty two percent had been in custody over 12 h.

Eighty two percent of the respondents stated that they had less than four units of alcohol in the previous 12 h. Sixty three percent stated that they regularly took heroin. Thirty two percent used cocaine, with 25% regularly using both. Eleven percent used benzodiazepines. Eight percent stated that they used combinations of three or more drugs.

3.2. Patterns of substance misuse and symptoms

The duration of time that had passed since a drug was last taken was divided into 6 h bands and the results are shown in Fig. 1.

Fifty seven percent stated that they had not taken a drug or methadone for over 12 h. The last drug taken was heroin in 52% of the respondents, cocaine in 20% and diazepam for 7%.

At the time they were asked, 52% stated that they felt they were getting withdrawal symptoms from a drug, and 44% felt they were not. Of those who felt they were getting withdrawal symptoms, 64% stated that they had not used a drug or methadone for over 12 h. However, 9% stated that they were feeling withdrawal symptoms within 6 h of last using a drug (Fig. 2).

Sixty five percent of those who used heroin alone said that they were getting withdrawal symptoms, compared to 87.5% of those who used both heroin and cocaine.

Detainees who mainly misused heroin were asked if they were on a substitution programme with either methadone or buprenorphine. Sixty seven percent stated that they were on a treatment programme. Sixteen percent who misused heroin stated that they bought either methadone or buprenorphine on the street whereas the majority, 80%, did not.

3.3. Requests for medical assessment

Sixty two percent of respondents had asked to see a doctor and 45% had been seen by the time of interview. Of those who had asked to see a doctor, 20% had been in custody less than 6 h. Seventy two percent of those who asked to see a doctor felt that they were having drug withdrawal

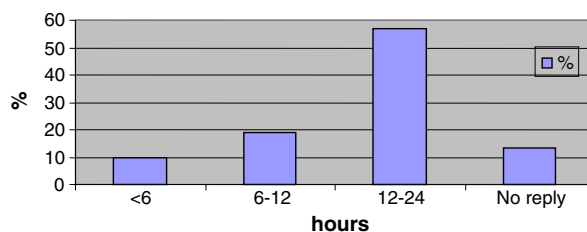


Fig. 1. Duration of time since last drug taken at time of interview.

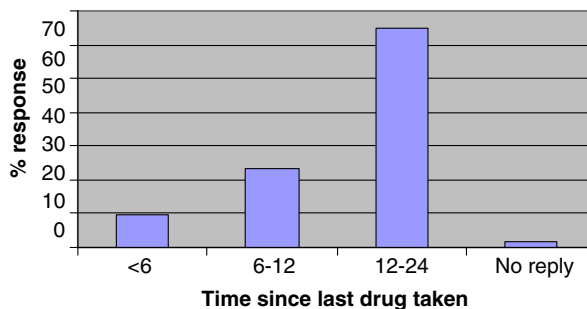


Fig. 2. Percentage of respondents who felt they were having withdrawal symptoms compared to time since last drug was taken.

symptoms and 28% were not. The majority of those who asked to see a doctor had last taken a drug or methadone over 12 h beforehand (Fig. 3).

Those that asked to see a doctor were asked to give a reason for the request. Fifty one percent stated that they wanted treatment at that time, but 26% stated that it was for another reason (an unrelated medical problem), for reassurance or a prescription at a later time (Fig. 4). Of those who wanted treatment at that time, 76% felt that they were having withdrawal symptoms from drugs, with 57% stating that they had last used a drug or methadone over 12 h beforehand.

On the other hand, 22% wanted a doctor to prescribe treatment at that time but did not feel they were having withdrawal symptoms. Also, 15% wanted a doctor to prescribe for them at that time having last taken a drug less than 6 h beforehand.

Respondents were fairly evenly split on whether they wished that a doctor examine them (45% wanting an examination, 48% not). Of those who felt that they were withdrawing from a drug, 57% wanted a doctor to examine them.

3.4. Role of the Forensic Physician

Forensic physicians are encouraged to offer substance misusers advice about harm reduction. However, 68% of respondents did not want the doctor to give them any advice about their drug misuse. This was a similar figure for those who used heroin alone, cocaine alone or both.

Thirty six percent of respondents thought that forensic physicians in general “sometimes” tried to help them and

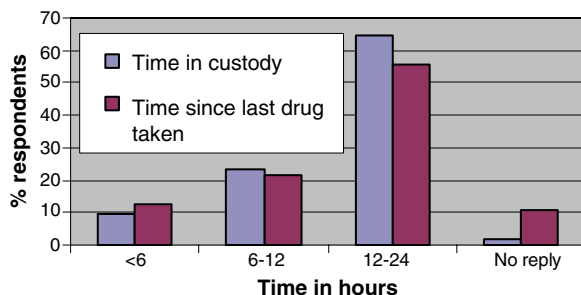


Fig. 3. Requests to see a medical practitioner in terms of time in custody and when last drug was taken.

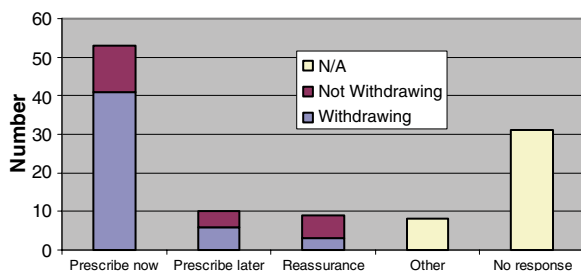


Fig. 4. Reason for seeing medical practitioner.

Detainees view of doctor's role

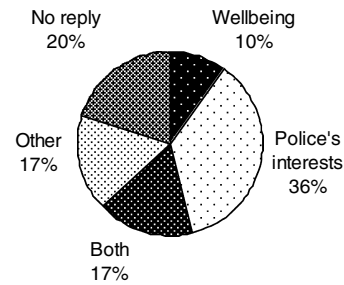


Fig. 5. Detainees perception of doctor's main interest.

25% thought the doctor “never” helped them. Only 5% thought that the forensic physicians they saw in custody always prescribed enough medication, 28% thought that sometimes they received enough, with 32% stating that the doctor never prescribed enough medication for them.

Forensic physicians have an independent role and have to balance the needs of the detainee and the police. Thirty six percent of respondents thought that forensic physicians were mainly interested in the police's requirements and only 10% thought that the physician was interested solely with the detainee's needs. Seventeen percent felt that the forensic physician was interested in both the needs of the detainee and the police (Fig. 5).

4. Discussion

The management of drug misusers in custody forms a large part of a forensic physician's workload. However, they are a difficult group of people to question independently about their views on their treatment. The detainees had to be confident that their answers would remain confidential and not affect how they were looked after in custody. Those who refused, or where intoxicated were not involved in the study.

The study was only possible thanks to the goodwill of the drug referral workers who voluntarily took part in the study as part of their daily work, if time permitted. In order to maintain confidentiality, the author had no direct contact with any of the custody suites and the validity of the answers and selection of interviewees is dependant on the honesty of the detainees and accurate documentation by the drug referral workers who completed the forms on site. The workers were not allowed to give the detainee the form to fill in because a pencil could be used as a weapon. One mental health trust only granted permission for the worker to distribute the forms and not fill them in, which meant that no forms could be completed in the area of this trust.

This study represents the views of just over a hundred drug misuse detainees who did participate in the study over the summer of 2005 in a number of custody suites in Greater Manchester. In view of the fact that intoxicated individuals were excluded, it is not surprising that the majority had consumed little alcohol in the previous 12 h.

Many had also not taken a drug or methadone in the previous 12 h and a majority who used opiates were on substitution therapy.

Heroin was the most popular drug misused with cocaine second, a pattern consistent with other recent studies.¹⁰ A higher number of those who used both heroin and cocaine claimed to be having withdrawal symptoms than those on heroin alone. I am aware of anecdotal evidence that “all” drug misusers claim to be suffering withdrawal symptoms when they are in custody, but this was clearly not the case in the respondents. Not surprisingly, a large number who asked for medical attention felt they were withdrawing from the effect of a drug. Whilst some of these results may have seemed predictable to the average forensic physician, there is some consistency in that the majority who asked for immediate treatment did so after a reasonable time without a drug. It is interesting to note, however, that a quarter of respondents did want to see a doctor, but did not wish to have a prescription at that time.

A small number of detainees did want treatment from the doctor, even though they did not have withdrawal symptoms or had consumed a drug less than 6 h beforehand. It cannot be said whether these individuals would have told a forensic physician a different story, but it does serve as a reminder of the importance of verifying the drug being misused in an individual and confirming signs of withdrawal before offering substitution therapy.

Previous work⁵ has shown that forensic physicians are willing to provide advice on harm minimisation, with 60% feeling that brief intervention may be successful in custody. However, over two thirds of respondents did not wish to have a forensic physician help them with harm reduction. The reason for this was not explored, but the result in this study suggests that the detainee's expectations of the consultation do not match those of the physician.

To undertake a similar survey on a larger basis would require the co-operation of a number of police forces and mental health trusts in addition to securing the services of arrest referral workers. The resources and cost implications of such a study would need to be addressed. In addition,

custody suites are seeing the introduction of nurses and it would be interesting at a future date to compare and contrast the detainees' attitudes and expectations towards forensic physicians and forensic nurses.

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